

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 155

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Charles Russell Jr.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 4/25/28 Month Day Year

8. FATHER
Full name Charles Russell

9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) San Carlos, Ariz.
(State or country)

13. Occupation
Nature of industry Common labor

14. MOTHER
Full maiden name Hazel S.

15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 34 (Years)

18. Birthplace (city or state) San Carlos, Ariz.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.

Given name added from a supplemental report _____ Address San Carlos, Ariz. (Physician or midwife).

Month, day, year

Registrar.

Filed _____, 19____ C. H. Sawyer Registrar.

393-425-820